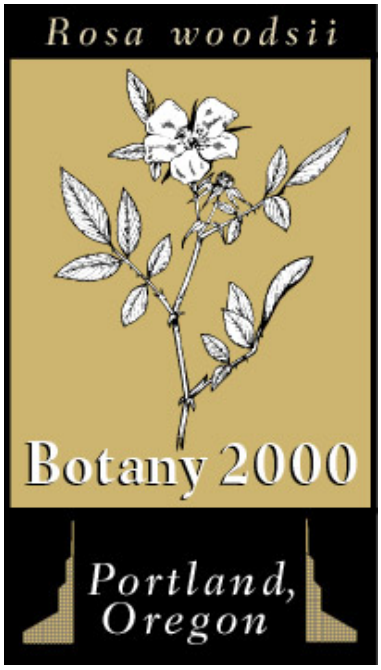

Botany 2000

Registration Form

August 6-10, 2000 ● Portland, OR

Meeting of the following societies:
ABLS, AFS, ASPT, BSA, and **IAPT**

OREGON CONVENTION CENTER
DOUBLETREE LLOYD CENTER

3 Ways to Register

Deadline to register in advance is 14 July 2000.

On line:
www.botany2000.org

Fax all completed forms to:
330-963-0319

Mail all completed forms to:
Botany 2000
PO Box 75013
Cleveland, OH 44101-2199

❑ I need a childcare list

❑ I do not require lodging

❑ Special Needs: If you have special needs that may affect your participation in this event, please check the box provided and a Botany 2000 Registration Representative will contact you.

PLEASE TYPE OR PRINT LEGIBLY (one form per registrant).

Last Name _____ First Name _____

Badge Name _____ Organization _____

Mailing Address _____

City _____ State _____ ZIP or Postal Code _____ Country _____

Telephone ( ) _____ Fax* ( ) _____ E-mail _____

*Required: Confirmations will be faxed to the number above within 7 business days. Please use country code number if not USA or Canada.

Society Membership(s): ____ ABLS, ____ AFS, ____ ASPT, ____ BSA, ____ IAPT

Registration Fee Schedule

Registration fees cover four days of the meeting, including the Plenary and Outreach Lectures, All-Society Mixer, all Scientific Sessions, poster displays, and the Exhibition Hall. Fees are as follows:

Classification	early: before 15 June		late: 15 June to 14 July		on site: after 14 July
	on-line	mail or fax	on-line	mail or fax	
Regular Member	❑ $170	❑ $175	❑ $195	❑ $200	❑ $225
Non-member	❑ $195	❑ $200	❑ $220	❑ $225	❑ $250
Student*	❑ $ 75	❑ $ 80	❑ $100	❑ $105	❑ $125
K-12 Educator*	❑ $ 75	❑ $ 80	❑ $100	❑ $105	❑ $125
Companion**	❑ $ 50	❑ $ 55	❑ $ 50	❑ $ 55	❑ $ 55
One-day only***	❑ $100	❑ $105	❑ $100	❑ $105	❑ $125

* Student / Educator Verification: Academic Affiliation _____
Name and E-mail of professor or supervisor _____

** Includes admittance to Plenary Lecture, Outreach Lecture, All-Society Mixer, poster displays, and the Exhibition Hall; includes eligibility for workshops, field trips, local tours, and ticketed social events.
NOTE: Does NOT include admission to scientific sessions.
Companion Last Name _____ First Name _____

❑ Purchasing companion package from above ❑ Purchasing event tickets only

***Please indicate day: ___ Sun., 6 Aug., ___ Mon., 7 Aug., ___ Tues., 8 Aug., ___ Wed., 9 Aug.

Name: _____

Student Projectionists

Please see registration brochure for additional details and an 'Application to serve as a student audio visual projectionist.' Student projectionists are expected to work up to 10 hours (2 sessions) in return for having their registration fee refunded. Fee waivers are not granted.

❑ I wish to work as a student projectionist to have my student registration fee refunded

Scientific Field Trips

✓ *appropriate box(es) below*

Field trip fees include transportation and lunch where indicated. All field trips depart from the Oregon Convention Center. See Field Trip descriptions for full discussion of trip destinations, leaders, logistics, special notes, and expected expenses for multi-day trips. Please read 'Refund and Cancellation Policy.'

❑ FT1 *The Botany of Beer*
(Sat., 5 Aug.). Full day. Lunch on your own.
# of tickets _____ x $35 = $_____

❑ FT2 *Ferns of the Columbia River Gorge*
(Sat., 5 Aug.). Full day. Lunch provided.
vegetarian meals _____
of tickets _____ x $45 = $_____

❑ FT3 *Exploring the Mouth of the Columbia River*
(Sat., 5 Aug.) Full day. Lunch provided; $5.00 museum admission not included.
vegetarian meals _____
of tickets _____ x $45 = $_____

❑ FT4 *Ferns of Larch Mountain*
(Sun., 6 Aug.). Full day. Lunch provided.
vegetarian meals ____
of tickets _____ x $45 = $_____

❑ FT5 *Bryophytes of the Columbia River Gorge*
(Sun., 6 Aug.). Full day. Lunch provided.
vegetarian meals ____
of tickets _____ x $45 = $_____

❑ FT6 *Vascular Plants of the Columbia River Gorge* (Sun., 6 Aug.). Full day. Lunch provided.
vegetarian meals____
of tickets _____ x $45 = $_____

❑ FT7 *Berry Botanic Garden*
(Sun., 6 Aug.). half-day, pm.
# of tickets _____ x $20 = $_____

❑ FT8 *Bonney Meadows, Mt. Hood*
(Sun., 6 Aug.). Full day. Lunch provided.
vegetarian meals ____
of tickets _____ x $45 = $_____

❑ FT9 *Cascade Head, Oregon coast*
(Sun., 6 Aug.). Full day. Lunch provided.
vegetarian meals ____
of tickets _____ x $45 = $_____

❑ FT10 *Saddle Mountain*
(Thurs., 10 Aug.). Full day. Lunch provided.
vegetarian meals ____
of tickets _____ x $45 = $_____

❑ FT11 *Berry Botanic Garden*
(Thurs., 10 Aug.). half-day, pm.
# of tickets _____ x $20 = $_____

❑ FT12 *Conservation Biology at the Berry Botanic Garden* (Thurs., 10 Aug.). half-day, pm.
# of tickets _____ x $20 = $_____

❑ FT13 *Wind River Canopy Crane Research Facility* (Thurs., 10 Aug.).
Full day. Lunch provided. Includes lift fee.
vegetarian meals ____
of tickets _____ x $70 = $_____

❑ FT14 *Wildflowers of the Cascades*
(Thurs., 10 Aug.). Full day. Lunch provided.
vegetarian meals ____
of tickets _____ x $45 = $_____

❑ FT15 *Lichens & Bryophytes from Steppe to Coast* (Thurs.-Mon., 10-14 Aug.).
Multi-day; includes lodging. Includes meals except for day 1 and breakfast of day 2.
vegetarians ____
of tickets _____ x $335 = $_____

❑ FT16 *Steens Mountain*
(Thurs.-Mon., 10-14 Aug.). Multi-day; includes lodging and all meals.
vegetarians ____
of tickets _____ x $480 = $_____

❑ FT17 *Fossil Forests of Central Oregon*
(Thurs.-Mon., 10-14 Aug.). Multi-day; includes lodging and all lunches plus 1 evening meal.
vegetarians ____
of tickets _____ x $385 = $_____

❑ FT18 *Mt. St. Helens*
(Fri., 11 Aug.). Full day. Lunch and entrance fees provided.
vegetarian meals ____
of tickets _____ x $55 = $_____

 Name: _____

Workshops

✓ *appropriate box(es) below*

Workshop fees include transportation between the Oregon Convention Center (OCC) and the site of the workshops at Portland State University. See Workshop description for full discussion of activities and leaders. Please read 'Refund and Cancellation Policy.'

❑ WS1 *Using World Wide Web Technologies to Enhance Teaching and Learning*
(Sun., 6 Aug., 9:00 am – noon).
Transportation departs OCC at 8:30 am.
# of tickets _____ x $20 = $_____

❑ WS2 *Integrating Computer-based Data Acquisition and Analyses Systems Into Undergraduate Biology Laboratories.* (Sun., 6 Aug., 1:00 pm – 4:30 pm).
Price includes lab manual with CD.
Transportation departs OCC at 12:30 pm.
# of tickets _____ x $45 = $_____

❑ WS3 *Bringing Your Herbarium Into the Electronic Age*
(Sun., 6 Aug., 1:00 pm– 4:00 pm).
Transportation departs OCC at 12:30 pm.
# of tickets _____ x $20 = $_____

❑ WS4 *Using ISSR Markers in Studies of Natural Populations.* (Thurs., 10 Aug., 9:00 am – noon).
Price includes lab manual.
Transportation departs OCC at 8:30 am.
# of tickets _____ x $30 = $_____

Ticketed Society and Association Events

✓ *appropriate box(es) below*

❑ ABLS Breakfast	Mon., 7 Aug.	7:00 – 8:30 am	# of tickets ____ x $20 = $_____
❑ AFS Luncheon	Mon., 7 Aug.	noon – 1:30 pm	# of tickets ____ x $16 = $_____
❑ Paleobotany Banquet	Mon., 7 Aug.	6:30 – 8:00 pm	# of tickets ____ x $37.50 = $_____
❑ Missouri Botanical Garden Breakfast	Tues., 8 Aug.	7:00 – 8:30 am	# of tickets ____ x $15 = $_____
❑ Economic Botany Luncheon	Tues., 8 Aug.	11:30 am – 1:00 pm	# of tickets ____ x $20 = $_____
❑ ASPT Banquet	Tues., 8 Aug.	6:00 – 9:30 pm	# of tickets ____ x $35 = $_____
❑ BSA Banquet	Wed., 9 Aug.	7:00 – 10:00 pm	# of tickets ____ x $35 = $_____

Local Tours

✓ *appropriate box(es) below*

Local tour fees include transportation from the Oregon Convention Center and lunch where indicated. See Local tour descriptions for destination and activity information. Ticket prices are for adults and children unless stated. Please read 'Refund and Cancellation Policy.'

❑ LT1 *OMSI & Willamette Jet Boat Tour.*
(Sun. 6 Aug.) 1:00 pm to 6:00 pm.
# of adult tickets _____ x $57 = $_____
# of child tickets _____ x $42 = $_____

❑ LT2 *The Oregon Coast at Cannon Beach*.
(Mon., 7 Aug.) 9:00 am to 5:00 pm; lunch on your own.
# of tickets _____ x $35 = $_____

❑ LT3 *Mount Hood, Timberline Lodge Tour*.
(Mon. 7 Aug.) 9:00 am to 4:00 pm; lunch on your own. Includes chair lift ride.
# of tickets _____ x $38 = $_____

❑ LT4 *Oregon Wine Country Tour*.
(Tues., 8 Aug.) 10:00 am to 4:00 pm ; includes lunch.
vegetarians ____
of tickets _____ x $55 = $_____

❑ LT5 *Central Oregon Coastal Tour and Whale Watching Excursion*.
(Tues., 8 Aug.) 8:00 am to 6:00 pm; includes lunch.
vegetarians ____
of tickets _____ x $60 = $_____

❑ LT6 *Canoeing and/or Kayaking: Waterfowl and River Scenery on the Willamette River*.
(Wed., 9 Aug.) 6:30 am – 10:30 am.
# of tickets _____ x $50 = $_____

❑ LT7 *Mount St. Helens Tour*.
(Wed., 9 Aug.) 9:00 am to 5:00 pm; includes lunch.
vegetarians ____
of tickets _____ x $50 = $_____

❑ LT8 *White Water Rafting Tour*.
(Wed., 9 Aug.) 10:00 am to 5:00 pm; includes lunch.
vegetarians ____
of tickets _____ x $99 = $_____

 Name: _____

Registration Payment Information

Unless appropriate check or credit card information accompanies this form, you will NOT be considered registered.

Checks and credit cards are the only acceptable form of registration payment. Purchase orders and wire transfers will NOT be accepted.

REFUND AND CANCELLATION POLICY:
Requests for **fee refunds** will be honored if received **in writing** to Botany 2000 before 30 June 2000. **Registration fee refunds** will be subject to a $50 processing fee. Multi-day field trips may be subject to a penalty if cancelled after 15 June 2000. Full fee refunds will be granted for Social Events, Scientific Field Trips, Local Tours, and Workshops if they exceed maximum enrollment, do not meet minimum enrollment, or if **cancelled** for any reason.
ALL refunds will be issued AFTER the meeting.

❑ Check enclosed payable (US Dollars only) to: **Botany 2000**

❑ Paying by credit card: ❑ VISA ❑ MasterCard

Card number: _____

Expiration Date: _____

Cardholder Name (print): _____

Cardholder Signature: _____
I agree to pay total amount according to card issuer agreement

To avoid duplicate registration, if you are faxing this form or using online registration, please DO NOT mail the original.

Registration fee total	$_____
Scientific field trips	$_____
Workshops	$_____
Ticketed Society and Association Events	$_____
Local tours	$_____
TOTAL registration and fees	**$_____**

Office use only Rec'd. _____ Check No. _____ Amt. of Check _____ Date entered _____ Ent. by _____

Housing Form

Botany 2000

August 6-10, 2000 • Portland, OR

OREGON CONVENTION CENTER
DOUBLETREE LLOYD CENTER

Meeting of the following societies:
ABLS, AFS, ASPT, BSA, and **IAPT**

3 Ways to Make Room Reservations

On line:
www.botany2000.org

Fax all completed forms to:
330-963-0319

Mail all completed forms to:
Botany 2000
PO Box 75013
Cleveland, OH 44101-2199

Botany 2000 has contracted with a number of hotels convenient to the Oregon Convention Center. You must complete the following form and include it with your registration forms. Housing will NOT be processed without registration. ALL housing arrangements MUST be received and guaranteed with a credit card by 14 July 2000.

PLEASE TYPE OR PRINT LEGIBLY

❑ Yes, housing is required and I am making the reservation on this form.

❑ I am sharing a room but not making the reservation. The roomholder is _____

❑ Special Needs: If you have special needs that may affect your housing needs, please check the box provided and a **Botany 2000** Registration Representative will contact you to discuss accommodations.

Last Name: _____ First Name: _____

Telephone ( ) _____ Fax* ( ) _____ E-mail _____
*Required: Confirmation will be faxed to the number above within 7 business days. Please use country code number if not USA or Canada.

ARRIVAL day/date: _____ DEPARTURE day/date: _____

Hotel Accommodations

Hotel Preferences: Please number hotels in preference order (1-4), where 1 indicates the first choice. If you list fewer than four preferences and rooms are not available, a hotel will be assigned to you.
Host Hotel: The Doubletree Lloyd Center is the host hotel. Their support ensures successful staging of society council meetings, most ticketed social events, Plenary and Outreach Lectures, and the All-Society Mixer.

	Hotel	Sgl	Dbl	Tpl	Quad
__	Doubletree Lloyd Center – 1 queen	$113	$113	$128	$143
__	Doubletree Lloyd Center – 2 queens	$122	$122	$137	$152
__	Doubletree Lloyd Center – 1 king	$132	$132	$137	$152
__	Best Western Downtown	$90	$90	$90	$90
__	Hawthorne Inn & Suites	$78	$89	$89	$89
__	Holiday Inn Downtown	$97	$97	$107	$107

Room rates are per night in US Dollars and do not include room tax (11.5%)

Room type
✓ *appropriate box*

❑ Single (1 person, 1 bed)
❑ Double (2 people, 1 bed)
❑ Double/double (2 people, 2 beds)
❑ Triple (3 people, 2 beds)
❑ Quad (4 people, 2 beds)

Names of people sharing room
(1) _____
(2) _____
(3) _____

 Name: _____

Dormitory Accommodations

Only a few double occupancy rooms (2 twin beds) at Portland State University are available on a first-come, first-served basis from Sun., 6 Aug. to Thurs., 10 Aug. Rooms are not available prior to or after these dates. Dorms are **not close** to meeting activities, but they are served by public transportation. Because of the limited number of dorm rooms, they are intended for student use.
ROOMMATE ARRANGEMENTS must be made before reservations can be accepted; only one person should make the reservation.

If all dorm spaces are filled, you will be booked into the next lowest-priced hotel available.

Payment: All dormitory spaces must be paid in full in advance for four nights of occupancy (total $152). A credit card number must be provided as payment. Once reservations are made, accepted, and charged, NO REFUNDS CAN BE GRANTED FOR ANY REASON.

❑ Rate: $38 per room, per night, for four nights = $152

Name of person sharing dorm room: _____

Housing Payment

❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

Hotel Guarantee: A credit card number must be provided to hold a reservation. Check deposits will not be accepted. **Note**: For hotel reservations, your credit card may be charged by the hotel for one room night when the reservation is made. For dormitory reservations, your credit card will be charged for the TOTAL amount.

Card number: _____ Expiration Date: _____

Cardholder Name (print): _____

Cardholder Signature: _____
I agree to pay above total amount according to card issuer agreement